**FILED**
AUG 16 2023
BY

**State of Rhode Island**
**Department of State - Business Services Division**

**Annual Report for the year:** 2023
**Non-Profit Corporation**

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

| | |
|---|---|
| 1. Entity ID Number: 000087889 | 2. Exact name of the Corporation: Orchard Meadows Condominium Association, Inc |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: Condominium Association |
| 4. NAICS Code: 813910 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 7 Wells Avenue Suite 11 | Newton | MA | 02459 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Lorraine ORourke | | | Vice-President Name: Frank Joseph | | |
| Street Address: 112 Orchard Meadows Dr. | | | Street Address: 89 Orchard meadows dr | | |
| City: Smithfield | State: RI | Zip: 02917 | City: Smithfield | State: RI | Zip: 02917 |
| Secretary Name: Joyce Lombardy | | | Treasurer Name: Kevin Donahue | | |
| Street Address: 97 Orchard Meadows dr | | | Street Address: 34 Orchard meadows dr | | |
| City: Smithfield | State: RI | Zip: 02917 | City: Smithfield | State: RI | Zip: 02917 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Armand Bessette | | | Director Name: Daniel Brown | | |
| Street Address: 83 Orchard Meadows dr | | | Street Address: 52 Orchard Meadows dr | | |
| City: Smithfield | State: RI | Zip: 02917 | City: Smithfield | State: RI | Zip: 02917 |
| Director Name: Michael Vescera | | | Director Name: | | |
| Street Address: 84 Orchard Meadows dr | | | Street Address: | | |
| City: Smithfield | State: RI | Zip: 02917 | City: | State: | Zip: |

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

***Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.***

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.*

| Name of Officer/Authorized Representative | Date |
|---|---|
| Barkan Management Company, Inc | 8/14/2023 |

Signature of Officer/Authorized Representative

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 631- Revised 04/2023